

## 1. SCOPE

This document defines requirements for staff involved in billing and collections for the following Bryan Health entities:

Bryan Health Corporate Depts.	Bryan Medical Center	Crete Area Medical Center	Kearney Area Medical Center
Bryan Physician Network	Merrick Medical Center	Crete Physicians Clinic	Platte Valley Medical Clinic
Bryan Heart	Central City Medical Clinic	Friend Medical Clinic	
	Fullerton Medical Clinic	Wilber Medical Clinic	

## 2. PURPOSE

To describe the billing and collection procedures that will be utilized by Bryan Health in the follow-up and recovery of Patient account balances including all payer sources.

## 3. PROCEDURE/REQUIREMENTS

- 3.1 Bryan Health is committed to assisting all patients in meeting their payment obligations and to applying consistent and compliant Patient billing and collection practices , and to ensure that reasonable efforts are made to determine whether all or a portion of a Patient’s account is eligible for assistance under Bryan Health’s Financial Assistance Policy.
- 3.2 Bryan Health’s Finance Committee of the Board of Trustees has approved this Policy and is responsible for its oversight. Any material modifications to the standards set forth in this Policy must be approved by the Finance Committee prior to implementation by Bryan Health.
- 3.3 Patient Financial Services has the authority for determining that Bryan Health has made reasonable efforts to determine whether a Patient is eligible for financial assistance and may therefore engage in collection actions against the Patient.
- 3.4 This policy establishes the activities that may be taken in the event of nonpayment for medical care provided by Bryan Health, including, but not limited to extraordinary collection actions.

### 3.5 General Requirements

- 3.5.1 Bryan Health will request payment of billed charges from an uninsured/underinsured patient, less the current level of uninsured/underinsured discount, and any other individual(s) having financial responsibility for a Self-Pay account (“Patient”), unless the Patient qualifies for financial assistance or other programs as outlined below.
- 3.5.2 Ability to pay and eligibility for other funding sources will be taken into consideration at the time services are provided as well as after services are provided, except that Bryan Health shall not engage in billing and collection activities until the Patient has been screened and treated in accordance with the Emergency Medical Care Policy where applicable. In addition, Bryan Health shall not engage in any extraordinary collections actions (“ECAs”), either directly or by any debt collection agency, or other party to which the hospital has referred the Patient’s debt,

before reasonable efforts, as outlined below, have been made to determine whether or not the Patient qualifies for financial assistance under Bryan Health's Financial Assistance Policy.

- 3.5.3 All uninsured Patients may be screened for other funding sources (i.e., insurance, third party liability, current eligibility for governmental programs); potential eligibility for other funding programs (i.e., Medicaid, Crime Victims, etc.); financial assistance through the Bryan Health Financial Assistance Policy; and, ability to pay.
- 3.5.4 Patients who have no other source of funding and do not qualify for financial assistance may qualify for a private pay discount or a payment plan. Underinsured Patients can be granted the same options for private pay discounts or payment plans on a portion of their charges if they have maxed out their benefits or the services are non-covered by their insurance plan.
- 3.5.5 Once a Patient qualifies for financial assistance no further action shall be taken for amounts qualifying under the Financial Assistance Policy. However, the portion of the Patient charges not qualifying for financial assistance will be subject to the same billing and collection actions as with other Patients as outlined below.

### **3.6 Presumptive and Prior Eligibility Process**

- 3.6.1 Bryan Health will have made reasonable efforts to determine whether a Patient is eligible for financial assistance, if the Patient qualifies for financial assistance under the presumptive eligibility process outlined in the Financial Assistance Policy, or if the Patient qualifies under prior eligibility determinations. Otherwise, the Notification Process in this Policy will be followed to establish reasonable efforts to determine whether the Patient is eligible for financial assistance.
- 3.6.2 Under these eligibility determinations if the Patient did not qualify for the most generous assistance available under the Financial Assistance Policy, then the Patient shall be notified of ways to qualify for additional assistance and be given a reasonable amount of time before engaging in any ECAs.

### **3.7 Notification Process**

- 3.7.1 Once a Patient's account balance is established and Bryan Health determines the portion of the Patient's responsibility, Bryan Health will send a minimum of three separate post-discharge billing statements up to a 120 day period to the last known address of the Patient. Each billing statement will provide notice that financial assistance is available for eligible Patients. Statements that are returned as undeliverable will be documented to assure any future patient communication will include notification of Bryan Health's Financial Assistance Policy.
- 3.7.2 The final billing statement sent to the Patient will contain a Plain Language Summary informing the Patient about Bryan Health's Financial Assistance Policy and will notify the Patient about the ECA(s) that are intended to be taken if the patient does not apply for financial assistance or pay the amount due by the billing deadline stated in the billing statement. This notification will be provided to the Patient at least 30 days before the deadline specified in the final billing statement.

- 3.7.3 In addition to the post-discharge billing statements referenced above and prior to the initiation of any ECAs, one or more phone calls will be placed to Patients asking for payment in full. Each time the Patient is called the Patient will be informed of the Financial Assistance Policy and how to apply. If payment in full is not possible and the Patient does not qualify for financial assistance, then a payment plan will be offered.
- 3.7.4 No additional statements will be sent to the Patient after a Patient submits a complete application for financial assistance. It is the obligation of the Patient to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for reasonable effort to notify the Patient will have been made.
- 3.7.5 All account statements of Self-Pay balances will include but are not limited to:
- 3.7.5.1 An accurate summary of the hospital services covered by the statement;
  - 3.7.5.2 The charges for such services;
  - 3.7.5.3 The amount required to be paid by the Patient, (or, if such amount is not known, a good faith estimate of such amount as of the date of the initial statement); and
  - 3.7.5.4 A conspicuous written notice that notifies and informs the Patient about the availability of Financial Assistance under the hospital's Financial Assistant Policy including the telephone number of the department and direct website address where copies of documents may be obtained.
- 3.7.6 Should services be related to an accident in which a third party may be liable, Bryan Health may file a "Lien" against any potential proceeds or coverage paid by the third party. Bryan Health will not file any liens directly against any Patient or their property.

### **3.8 Commencement of ECAs**

- 3.8.1 Subject to compliance with the provisions of the Policy, Bryan Health may take any and all legal actions, including ECAs, to obtain payment for medical services provided.
- 3.8.2 If any Patient fails to qualify for financial assistance under the Financial Assistance Policy within 30 days of the final billing statement described in Section 3.7.2 above, then Bryan Health may initiate ECAs.
- 3.8.3 If a Patient has applied for financial assistance in the last six (6) months and Bryan Health determines definitively that the Patient is ineligible for any financial assistance under the Financial Assistance Policy, Bryan Health may initiate ECAs.
- 3.8.4 If any Patient submits an incomplete application for financial assistance during the 360 day Application Period after the hospital facility provides the individual with the first billing statement for the care, then ECAs may not be initiated until after each of the following steps has been completed:
- 3.8.4.1 Bryan Health provides the Patient with a written notice that describes the additional information or documentation required under the financial assistance policy in order to complete the application for financial assistance, each notice will include a copy of the Plain Language Summary.

- 3.8.4.2 Bryan Health provides the Patient with at least 30 days' prior written notice of the ECAs that Bryan Health may initiate against the patient if the financial assistance application is not completed or payment is not made; provided, however, that the deadline for completion or payment may not be set prior to 30 days after the final post discharge billing statement.
- 3.8.4.3 If the Patient who has submitted the incomplete application completes the application for financial assistance and Bryan Health determines definitively that the Patient is ineligible for any financial assistance under the Financial Assistance Policy, Bryan Health may initiate ECAs.
- 3.8.4.4 If the Patient who has submitted the incomplete application fails to complete the application by the Completion Deadline set in the notice provided pursuant to Section 3.8.4.2 above, then ECAs may be initiated.
- 3.8.4.5 If an application, complete or incomplete, for financial assistance under the Financial Assistance Policy is submitted by the Patient, at any time prior to the 360 application period, Bryan Health will suspend ECAs while such financial assistance application is pending.
- 3.8.5 After the commencement of ECAs is permitted under Section IV. above, external collection agencies shall be authorized to file litigation, garnishment, obtain judgment liens and execute upon such judgment liens using lawful means of collection; provided, however, that prior approval of Bryan Health shall be required before initial lawsuits may be initiated. Bryan Health and external collection agencies may also take any and all legal other actions including but not limited to telephone calls, emails, texts, mailing notices, and skip tracing to obtain payment for medical services provided.

### **3.9 Third Party Responsibility**

- 3.9.1 Bryan Health will submit all third party payer claims based on the information provided by the Patient for reimbursement.
- 3.9.2 Since the insurance policy is a contract between the Patient/insured and the insurance company, the Patient or insured are ultimately responsible for the payment of the account.
- 3.9.3 Bryan Health will conduct timely and diligent follow-up to ensure that maximum reimbursement from the third party payer is received.
- 3.9.4 Third party payer balances exceeding 60 days from the date of submission are deemed past due and may become the Patient's responsibility.
- 3.9.5 Patient deductibles, coinsurance and/or non-covered amounts are considered to be the Patient's responsibility and, therefore, the requirements as listed above are applicable.

### **3.10 Policy Availability**

- 3.10.1 Contact information for hospital facility staff who can provide additional information regarding Bryan Health's Collection Policy, Financial Assistance Policy or eligibility for other programs that may be available to you, is included in Appendix A.

#### **4. RESOURCES**

Bryan Health Hospital Financial Assistance Policy

#### **5. REFERENCES**

In implementing this Policy, Bryan Health's management and facilities shall comply with all other federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this Policy, including but not limited to any Final Regulations issued under Section 501(r) of the Internal Revenue Code of 1986, as amended.

#### **6. APPENDIX**

Appendix A - Bryan Health Facilities

Appendix B - Definitions

#### **7. OWNER**

Senior Director Revenue Cycle - BMC

#### **8. APPROVER**

VP Finance/CFO – Bryan Health

CFO – CAMC

Revenue Cycle Director – MMC

Revenue Cycle Director – KAMC

Operations Director – BPN

CFO – Bryan Heart

**Appendix A - Bryan Health Facilities**

This Billing and Collection policy applies to the following Bryan Health facilities. Telephone numbers listed below for facility staff who can provide additional information regarding Bryan's financial assistance program. Patients may also view the program on our website at <http://www.BryanHealth.com> or visit a financial counselor in the Patient Accounts/Billing offices at each of our hospital facilities:

**1. Bryan Medical Center – East Campus Hospital, Lincoln, NE**

- 877-577-9277 or 402-481-5791

**2. Bryan Medical Center – West Campus Hospital, Lincoln, NE**

- 877-577-9277 or 402-481-5791

**3. Crete Area Medical Center Hospital and Clinics**

- Crete Area Medical Center Hospital, Crete NE: 866-362-2262 or 402-826-6588
- Crete Area Medical Center Clinic, Crete, NE: 866-362-2262 or 402-826-6588
- Friend Medical Clinic, Friend, NE: 866-362-2262 or 402-826-6588
- Wilber Medical Clinic, Wilber, NE: 866-362-2262 or 402-826-6588

**4. Merrick Medical Center Hospital and Clinics**

- Merrick Medical Center Hospital, Central City, NE: 308-946-3015
- Central City Medical Clinic, Central City, NE: 308-946-3845
- Fullerton Medical Clinic, Fullerton, NE: 308-536-2458

**5. Bryan Heart Medical Practice, Lincoln, NE**

- 877-577-9277 or 402-481-5791

**6. Bryan Physician Network Medical Practices, Lincoln, NE**

- 877-577-9277 or 402-481-5791

**7. Kearney Regional Medical Center and Clinic**

- Kearney Regional Medical Center: 308-455-8113 or 855-404-5766
- Platte Valley Medical Center - 308-865-2808 or 855-404-5766

**Appendix B – Definitions**

**Application Period** - means the period during which Bryan must accept and process an application for financial assistance under the Financial Assistance Policy. The Application Period begins on the date the care is provided and ends on the 360th day after Bryan provides the first post discharge billing statement for the care.

**Billing Deadline** - means the date after which Bryan may initiate an ECA against a Patient who has failed to submit an application for financial assistance under the Financial Assistance Policy. The Billing Deadline must be specified in a written notice to the Patient provided at least 30 days prior to such deadline, but no earlier than 120 days.

**Completion Deadline** - means the date after which Bryan may initiate or resume an ECA against a Patient who has submitted an incomplete FAP if that Patient has not provided the missing information and/or documentation necessary to complete the application or denied application. The Completion Deadline must be specified in a written notice and must be no earlier than the later of (1) 30 days after Bryan provides the Patient with this notice; or (2) the last day of the Application Period.

**Extraordinary Collection Actions (ECAs)** - means any action against a Patient for a bill related to obtaining payment of a Self-Pay Account that requires a legal or judicial process or reporting adverse information about the Patient to consumer credit reporting agencies/credit bureaus. ECAs do not include transferring of a Self-Pay Account to another party for purposes of collection without the use of any ECAs.

**Financial Assistance Policy** - means Bryan's Financial Assistance Program, which includes eligibility criteria, the basis for calculating charges, the method for applying the policy, and the measures to publicize the policy, and sets forth the financial assistance program.

**Patient** – means the Patient and any other individual(s) having financial responsibility for a Self-pay account.

**Plain Language Summary** - means a written statement that notifies a Patient that Bryan offers financial assistance for inpatient and outpatient hospital services.

**Self-Pay Account** – means that portion of a Patient account that is the Patient's responsibility, net of the application of payments made by any available healthcare insurance or other third-party payer (including co-payments, co-insurance and deductibles), and net of any reduction or write off made with respect to such Patient account after application of an assistance program, as applicable.